

REQUEST FOR SUSPENSION FORM

2016-55-T
2018-263-T
2018-264-T

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: 10/2/2018Please consider this as my Request for *Suspension* of:

- ☐ Class C Taxi Certificate Number _____
☐ Class C Charter Certificate Number _____
☐ Class C Charter Bus Certificate Number _____
☒ Non-Emergency Certificate Number 955
☐ Class E Household Goods Certificate Number _____
☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until 10/2/2019

Date: (mm/dd/yyyy)

True Care Transportation LLC
 (Name of Company)

D/B/A

(If applicable)

1816 Duff Branch Rd
 (Street and or Mailing Address)

Conway SC 29527
 (City, State, Zip Code)

919-412-8717
 (Telephone Number)

McSennis APD
 (Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Due to health reasons I'm asking for Certificate
be place on suspension